

# PASRR Process


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## Log-In:

You will use the username and password provided by TennCare to log in. If you do not have a username or password please refer back to the TPAES access portion of this training. Do **NOT** use another user's login information.

- Log into your TPAES account by navigating to [tcreq.tn.gov](http://tcreq.tn.gov).
  - Note: Do **not** type in “www” at the beginning of the web address.
- On your homepage you will see several buttons and reporting options, please refer to the walk through video to learn what those options are.

## How to Initiate a PASRR:

- On the left hand side of your screen in TPAES, click on the *Submit* option which looks like this: 
- Click on *Browse and Submit to a Project*, this will open your *Submit Tree* option.
- *Long Term Care* will be visible and it should be clicked on to expand the options a submitter will have.
- Once clicked, the *Level 1 PASRR* option will become available. Click on this option.

## Completing the Demographic and provider information on the PASRR:

- Click the *Patient/Provider Information* tab.
- *Submitting Agency* will populate the user profile information automatically. You may click on *Provider is Same as Submitting Agency* if applicable and move to the *Applicant* section. If the submitting agency is not the provider, complete the information in the *Provider* section.
  - Note – you may still need to input an “Admission Date” in the *Provider* section if an “Admission Date” is applicable.

### **“Provider” Section**

- If the provider is different from the submitting agency fill out the information below:
  - *Provider Name*
  - *Provider Number*
  - *Provider Street Address*
  - *Provider City*
  - *Provider State*
  - *Provider Phone Number*
  - *Provider Zip Code*
  - *Provider Fax Number*
  - *Admission Date (If applicable)*
  - *Provider Contact Name*

### **“Applicant” Section**

- Once the Provider information has been completed, move onto the *Applicant* section and fill out the information below:
  - *Applicant Name in this order: Last, First, Middle*
  - *Applicant Medicaid Number (if applicable)*
  - *Applicant Street Address*
  - *Applicant Social Security Number*
  - *Applicant City*
  - *Applicant State*
  - *Applicant Zip Code*
  - *Applicant Date of Birth*
  - *Applicant Phone Number*

### **“Designee” Section**

- Once the Applicant information has been completed, move to the Designee section and fill out the information below:
  - *Designee Name in this order: Last, First, Middle*
  - *Designee Phone Number*
  - *Designee Street Address*
  - *Designee City*
  - *Designee State*
  - *Designee Zip Code*

*Please note, this section must be filled out in its entirety or left completely blank. If the submitter begins to complete the information and does not fully complete this section a technical denial may occur. If there is no designee you may simply leave this blank. (The only exception is that a Middle Name is not required).*

**After completing the Patient/Provider Information, scroll to the top of the page and choose the ‘PASRR Level 1 Assessment’ button.**

### **Answering Questions on the PASRR – Level 1 Assessment:**

Answer questions on the Level 1 Assessment as follows:

#### **Mental Illness:**

Questions on PASRR – choose yes or no for each:

- **Does the individual have a diagnosis of major MENTAL ILLNESS (e.g. schizophrenia, paranoid state, bipolar disorder, atypical psychosis, major depression)? If so, indicate diagnosis.**
  - Note – be sure to indicate the diagnosis in the box provided.
- **Does the individual have any presenting evidence of MENTAL ILLNESS, including disturbances in orientation, affect or mood? Exclude individuals who have a primary diagnosis of dementia (including Alzheimer's disease and related disorders), and exclude individuals who have a secondary diagnosis of dementia (including Alzheimer's disease and related disorders) and who do not have a primary diagnosis of a major mental illness.**
- **Has the individual had a history of MENTAL ILLNESS in the last 2 years?**

#### **Mental Retardation:**

Questions on PASRR – choose yes or no for each:

- **Does the individual have a diagnosis of MENTAL RETARDATION?**
- **Does the individual have any presenting evidence (cognitive or behavior functions) that suggests that the individual has MENTAL RETARDATION or a DEVELOPMENTAL DISABILITY? If so, describe developmental disability:**
  - Note – be sure to indicate developmental disability in the box provided.
- **Does the individual have any history of MENTAL RETARDATION or DEVELOPMENTAL DISABILITY that was manifested before age 22?**
- **Has the individual been referred by an agency that serves persons with MENTAL RETARDATION or DEVELOPMENTAL DISABILITIES, and has the individual been deemed eligible for services of such an agency? If so, which agency:**
  - Note – be sure to indicate the referring agency in the box provided.

## Certification:

In the certification section, you are verifying that the assessment is accurate and carried out by a qualified assessor. Fill out the information below:

- PASRRR Certifier Name
- PASRR Certifier Credentials
- PASRR Certification Date

## Exemptions:

In some cases, an individual may have a positive Level 1 PASRR, but still qualify to be placed in an NF. In order for this to occur *without* an Onsite Assessment being completed, an Exemption has to be submitted with the PASRR.

- Click on the Exemption box you wish to choose for the applicant.
- Failure to attach the required documentation for the chosen exemption may result in a Technical Denial.

The following are the exemptions that can be chosen in addition to what needs to be attached with the exemption:

- **Hospital Exemption:** Attach signed *Physician's certification*.
- **Dementia:** Attach *signed Physician's certification and documentation supporting Dementia diagnosis*.
- **Terminal Illness:** Attach *signed Physician's certification and documentation supporting terminal illness diagnosis*.
- **Short-Term Convalescence:** Attach *signed Physician's certification*.
- **Severity Of Illness:** Submit *medical documentation along with signed Physician's certification*.

Enter in the **PASRR Physician** and **PASRR Physician Signature Date** in the designated boxes.

- At this point, you should only attach medical records. **DO NOT** attach PASRR physician's signature page until the PAE is finalized and a printable copy has been made by clicking the "Produce Printable Copy" button available later in the process.
- If a PASRR exemption was chosen, then you must attach documentation (see "Certification and Attaching Documentation Cheat Sheet").
- Click the "OK button," located at the top of the page.

***This will submit the PASRR. To review the PAE's State go to the Patient/Provider Info tab. It will now read: "Awaiting Technical Validation and Preparation"***

### **Reviewing the PASRR – Level 1 & Level 2 Assessment:**

- Enter in the "PASRR Control Number" in the PAE Search Box *OR* click on the "PASRR Submitter Status Report" on your LTC Home Page.
  - Note: If you only submit PASRRs in TPAES, your Home Page will be the PASRR Submitter Status Report.
- Click on the PASRR Control Number (also Item ID Number).

### **Reviewing a Level I PASRR:**

- Click on the "Patient/Provider Info" tab to review the following information:
  - State
  - PAE Type
  - Current Status
  - PASRR
  - LTC Decision Due Date
  - LTC Decision Date
  - Approved End Date
- Click on the "Related Items" tab to print off the PASRR Report.
  - Review the Generated Attachments section (located halfway down the page).
  - Click on the PASRR Report.
  - In order to print the designated letter, scroll to the bottom of the letter under attachments and click on the name of the letter.
  - Print the letter.

### **Reviewing a Level II PASRR:**

- Click on the "Patient/Provider Info" tab to review the following information:
  - State
  - PAE Type
  - Current Status
  - PASRR
  - LTC Decision Due Date
  - LTC Decision Date
  - Approved End Date
- Click on the "PASRR Level 2 Determination" tab:
  - Review the Evaluation Request Section.

- Note - The PASRR Evaluation Comments will detail if a person has been approved for a NF.
- Review the PASRR Referral Details Section (located at the bottom of the page).
  - The following is contained in this section:
    - PASRR Referral Sent Date Time
    - PASRR Referral Due Date
    - PASRR Referral Receipt Date Time
- Click on the “Related Items” tab to print off the PASRR Report and Approval/Denial letters:
  - Review the Generated Attachments section (located halfway down the page).
  - Click on the PASRR Report or the Approval/Denial letters.
  - In order to print the designated letter, scroll to the bottom of the letter under attachments and click on the name of the letter.
  - Print the letter.
- Click on the “Attachments” tab to review the Ascend Report Section (located at the bottom of the PASRR)
  - Click on this report to review Ascend’s onsite assessment and their evaluation of the patient.